

CLAIMS ONLY							Application Number 16024103	Filing Date						
							Applicant(s)							
							* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
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47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep					Total Indep		
Total Depend	2						Total Depend					Total Depend		
Total Claims	4						Total Claims					Total Claims		